AMENDMENT TRANSMITTAL LETTER					Docket No. 17195/002001
Application No.		Filing Date		Examiner	
10/528,530-Conf. #8299		March 18	3, 2005	D. Truoi	ng 1796
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =	0	x 26.00	0.00
Independent Claims	1	- 3 =	0	x 110.00	0.00
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x No additions		d for this succe	adment	A Officer City	y
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Payment by	credit card. Fo				. N. EO.0EQ1
	r is hereby auth	norized to char	ge and credit this sheet is	Deposit Accoun enclosed.	TNO
X The Director	d below. A dup				
X The Director as described X Credit a	ny overpaymer	nt.			
The Director as described	ny overpaymer	nt.		fees required und	er 37 CFR 1.16 and 1.17  March 17, 2009

OSHA · LIANG LLP 909 Fannin Street, Suite 3500 Houston, Texas 77010 (713) 228-8600